

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		08/03/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>W</i>	67479	9.16.02
RESPONSE FORMALITY REVIEW	<i>W</i> BZ	50906 511	08/22/02 10-08-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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